BUDGET 2003

BRITISH COLUMBIA

Ministry of
Health Planning

SERVICE PLAN

2003/04 – 2005/06

BRITISH COLUMBIA

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Accountability Statement

The 2003/04 – 2005/06 Ministry of Health Planning Service Plan was prepared under my direction in accordance with the *Budget Transparency and Accountability Act*. I am accountable for the basis on which the plan has been prepared. The plan was developed in the context of the government's *New Era* commitments, which are to be addressed by May 17, 2005. All material fiscal assumptions and policy decisions as of March 31, 2003 have been considered in preparing the plan, and I am accountable for achieving the specific objectives in the plan.

Honourble Sindi Hawkins
Minister of Health Planning

April 25, 2003

BRITISH COLUMBIA

Ministry of Health Planning

I am pleased to present the 2003/04 Service Plan on behalf of the Ministry of Health Planning. This service plan includes objectives, strategies and performance measures for British Columbia's health care system and for the ministry. The plan reports on our progress and sets new milestones for coming years.

In alignment with our vision for B.C.'s health care system, this year's plan reflects the ministry's reorganization of its core business areas to focus on patients. It also introduces performance measures to strengthen reporting and accountability for patient care and service delivery. These include the development of standards, long-term planning for health service delivery, and public satisfaction measures for health care across our province.

Together with the Ministry of Health Services, we will continue to develop specific objectives and new strategies. These include the appropriate use of hospitals and health services to build a more effective and sustainable health system for the future. Our long-term planning focuses on a sustainable public health care system including strategies for prevention and chronic disease management. To ensure quality care, the government is also committed to a long-term health human resources plan — to ensure BC has the health professionals we need.

The plan also gives responsibility for reporting on some measures to appropriate areas of the ministry or government, such as the Office of the Provincial Health Officer or the British Columbia Vital Statistics Agency. Information on available reports and performance measures are listed in the appendix.

Our government is committed to working with our health authorities, health professionals and other partners to implement these service plans — and achieve our vision for a better health care system in British Columbia.

Sindi Hawkins

Honourable Sindi Hawkins
Minister of Health Planning

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Introduction

Since June 2001 the government has been introducing ambitious and wide ranging health system reforms. The innovations and improvements associated with these reforms reflect the government's desire to create a publicly-funded health services system that:

- is patient-centred;
- provides accessible, high quality services;
- results in improved health and wellness; and
- is sustainable and affordable over the long term.

This service plan for the Ministry of Health Planning (MOHP) and its companion document the service plan for the Ministry of Health Services (MOHS) continues with reform efforts started in 2001. It sets out the priority strategies for the healthcare system for the next three years and articulates the respective responsibilities of the Ministries of Health and their health system partners in achieving these priorities. These strategies support the attainment of the government's goals and strategic objectives as well as fulfill our obligations under the First Ministers' Accord on Health Renewal.

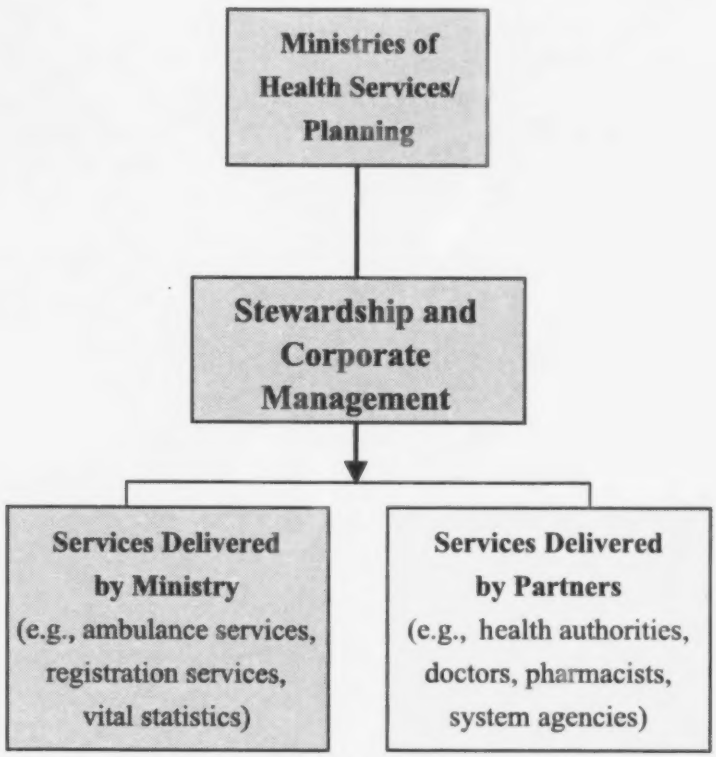
To reflect the corresponding roles of the two ministries, elements of this plan — the vision, mission, values, ministry goals, planning context and core businesses — are also included in the service plan for the Ministry of Health Services. Each plan also shares common goals and objectives. However, most strategies and performance measures are different, reflecting the separate roles each ministry has in meeting common goals. The reader is therefore reminded to review the two ministries' plans in unison.

Highlights and Changes from Previous Plan

The 2003/04 to 2005/06 service plans clarify the ministries' and their system partners' respective roles and responsibilities in creating a responsive and well-managed patient-centred health system. Specifically, the plan distinguishes between the role of our service partners — health authorities, doctors and others — who deliver the majority of health services to the public, and the role of the ministries, which mainly provide stewardship and corporate management in support of these health services.

This distinction is reflected in the organization of this year's service plans around three refined core businesses: Services Delivered by Partners, Services Delivered by Ministry, and Stewardship and Corporate Management. "Services Delivered by Partners" is included as a ministry core business because the ministry retains ultimate responsibility for the health care system.

Core Businesses for the Ministries of Health


Ministries of Health Services/ Planning
Stewardship and Corporate Management
Services Delivered by Ministry (e.g., ambulance services, registration services, vital statistics)
Services Delivered by Partners (e.g., health authorities, doctors, pharmacists, system agencies)

The ministries' primary function is stewardship over the health care system. We provide direction and support to our partners, and monitor and evaluate the impact of services delivered to the public. To be good stewards, we must also provide good corporate management to ensure that our own administration is run as efficiently and effectively as possible. The two ministries also have a role in providing services directly to the public, such as the BC Ambulance Service, BC Vital Statistics, and Medical Services Plan registration.

Combined, the two health ministry service plans outline 46 strategies for the next three years. The ministries have identified 15 of these strategies as priorities, calling them 'Priority Strategies', to signal their importance in guiding services delivered directly to the public. Thirteen of these relate to services delivered by partners and two to services delivered by the Ministry of Health Services. These are detailed in the Ministry of Health Services service plan but are also referenced below.

The 15 priority strategies are:

1. Prevent hospital admissions through primary care and community options
2. Provide post-acute (hospital) alternatives
3. Manage acute care needs in hospital
4. Provide alternatives to institutional care
5. Build integrated care networks
6. Improve care for people with extensive care needs
7. Improve care for people with chronic conditions
8. Improve care for the dying
9. Improve the health status of Aboriginal peoples
10. Enhance self-care and self-management
11. Prevent disease and injury
12. Enhance service quality for rural and smaller communities
13. Manage within budget allocation
14. Improve integration of the provincial ambulance service within the overall health system
15. Improve registration services to the public.

These 15 priority strategies support five key objectives for the health care system over the next three years.

- Provide care at the appropriate level in the appropriate setting by shifting the mix of acute/ institutional care to more home/community care.

- Provide tailored care for key segments of the population to better address their specific health care needs and improve their quality of life.
- Keep people as healthy as possible by preventing disease, illness and disability and slowing the progression of chronic illness to minimize suffering and reduce care costs in the future.
- Manage within the available budget while meeting the priority needs of the population.
- Provide clients with equitable and timely access to services delivered by the ministry.

These key objectives and priority strategies for the health system have been closely aligned with budget spending priorities for the next three years and are reflected in the performance agreements between the ministry and the health authorities.

The health ministries' service plans also identify 28 strategies specific to the ministries' respective stewardship and corporate management roles. These are designed to support health partners in achieving the 15 priority strategies. Finally, there are an additional 3 strategies, specific to the Vital Statistics Agency, listed under services delivered by the Ministry of Health Planning.

To ensure results are monitored and evaluated, the plan also outlines a series of key performance measures that are tied to the strategies. Some have been carried forward from last year. Others were revised to eliminate duplication with measures reported more appropriately under other health annual reports such as those for the Provincial Health Officer and Vital Statistics Agency.

As a result of these significant changes, this service plan now better reflects key health system priorities for 2003/04 to 2005/06, which are underlined in ministry budgets and health authority performance agreements.

Strategic Context

Since 2001, major strategic shifts in health services have been undertaken to meet the government's *New Era* goals to provide high quality, patient-centred care, improve the health and wellness of British Columbians and create an affordable, sustainable health services system. The health services system in BC was designed to meet an earlier era marked by services delivered by hospitals and doctors to meet sudden acute care needs. Over the years, however, an aging population and increase in chronic diseases have put new demands on our system. We are now focused on creating a flexible, adaptable health care system that does not remain static in time but has the capacity to meet the emerging needs of our population as it grows and changes.

Environmental Scan

Numerous challenges continue to face the creation of a patient-centred, coordinated and well-managed system that best meets the evolving and diverse health services needs of British Columbians.

Fiscal Challenges

- Normal annual growth in provincial health care costs continues to put pressure on available health budgets, even after receipt of new federal multi-year funding.
- This increase in demand is fuelled by higher service expectations, inflation, population increases and an aging demographic.
- Uncertainty associated with performance of the provincial economy, public demand and provider supply will add to the challenges of effective planning.

Vision, Mission and Values

Vision: a health system that ensures high quality public health care services that meet patients' needs where they live and when they need them.

Mission: to guide and enhance the province's health services to ensure British Columbians are supported in their efforts to maintain and improve their health. The top priorities are saving and renewing public health care and providing high quality public health care services that meet patients' most essential needs.

Values: a set of beliefs, consistent with the principles of the *Canada Health Act*, define our organizational behaviour:

- **Patient and Consumer Focus** which respects the needs and diversity of all British Columbians.
- **Equity** of access and in the quality of services delivered by government.
- **Access** for all to required health services.
- **Effectiveness** of delivery and treatment leading to appropriate outcomes.
- **Efficiency**, providing lowest cost consistent with quality services.
- **Appropriateness**, providing the right service at the right time in the right place.
- **Safety** in the delivery of health services to minimize the risks to the health and safety of British Columbians.

Demographic Trends

- B.C. is expected to have a net increase in provincial population of 39,000 persons in 2003, 45,000 in 2004 and 49,000 in 2005.
- The median age of provincial residents will continue to increase, reflecting an aging population. BC's median age is forecast to be 39.7 years in 2005. This is up from 35.5 years in 1995.
- The proportion of BC residents over the age of 65 will continue to increase annually. The forecast for 2005 indicates that 13.8% of BC residents will be over the age of 65. This is up from 13.0% in 2000 and 12.6% in 1995.
- The number of BC residents under the age of 19 will decline as a proportion of the total population.
- The health services system workforce is aging.

Key Cost Drivers

- Wage and benefit pressures across the health sector.
- Rapidly rising pharmaceutical costs.
- Scope of services in which each new technique, test, or emerging disease adds new costs.
- Increasing pressure from both public and providers for government to fund new technologies, pharmaceuticals and clinical interventions regardless of established effectiveness or value for money.
- Necessary investments in updated or expanded health care facilities and equipment.
- Changing demographics of a population that is increasing and aging.

Challenges and Risks

- Health care planning is complicated by shifts in patterns of disease, changing health human resource demographics, clinical practices and new emerging technologies. For example, a more intense flu epidemic or intensification of the Severe Acute Respiratory Syndrome (SARS) in B.C. would alter immediate patient needs.
- Attracting and retaining high quality staff in the health sector at a time of global shortages in key trained health care professionals.
- The focus on "patients first" requires a shift in management and provider culture.
- Managing the restructuring of the Ministries of Health and health care service delivery during a period of fixed health system budgets.

Oportunities to Meet the Challenges

The Ministries of Health have internal expertise in planning, monitoring and evaluation and are building stronger relationships with their health system partners. Through the recent redefinition of their core businesses, the Ministries of Health have also more clearly defined their roles and responsibilities, and those of our partners.

The ministries will capitalize on these opportunities to help create a system capable of meeting our many challenges, by:

- Fostering cooperative working relations with health system partners and among various ministry areas;
- Using formal planning and projection tools to attempt to forecast the services that will be required to meet the health care needs of all British Columbians;
- Involving experienced staff and external experts with extensive knowledge of the issues facing the system;
- Introducing innovative planning and management practices;
- Directing, supporting, monitoring and reporting on system performance and accountability;
- Building relationships with other provincial ministries to facilitate the coordination of services;
- Developing and implementing innovative planning approaches and tools;
- Developing and implementing standards of care and accountability to improve the delivery of health services and patient outcomes; and
- Streamlining the Ministries of Health to focus on core businesses and priority issues.

Building the System We Want

Numerous task forces, Royal Commissions and researchers in both Canada and other western nations have noted common elements that distinguish a responsive patient-centred health care system. The 2003 First Ministers' Health Accord also listed the factors which make a patient-centred health system.

In BC, such a system would ensure that all British Columbians:

- Have timely access to health care providers 24 hours a day, 7 days a week, whether by a telephone call to a nurse line, an after-hours clinic, or a fully-staffed referral hospital within a reasonable travel time;
- Have timely access to diagnostic procedures and treatments;
- Do not have to repeat their health histories or repeat tests for every provider they see;

- Have access to quality home and community care services;
- Have access to the drugs they need without undue financial hardship;
- Are able to access quality care no matter where they live; and
- See their health care system as efficient, responsive, and adapting to their changing needs, and those of their families and communities, now and in the future.

Knowing Our Patients

To create a patient-centred, accessible health care system that meets these criteria, we first need to better understand the specific needs of the people we are trying to serve.

All British Columbians need effective public health services, which provide health promotion and protection, effective immunizations, and infectious disease prevention and control; and monitor and regulate water, food and environmental safety. Beyond good public health, the health needs of BC's population can be divided roughly into three distinctive groups:

1. **A majority (about 80%) with infrequent, episodic health needs.** Most British Columbians enjoy generally good health status. They want reassurance the health system will be there when they need it. When they do access care, it is usually to deal with an acute illness or injury, such as broken bone, or other time-limited events. **What patient-centered, accessible care looks like for them:**
   - Responsive "first contact" care that provides the information, reassurance and guidance in seeking further care they need to manage emerging concerns (e.g., fever in a small child);
   - Effective treatment and rehabilitation (e.g., care for a broken leg); and
   - Prevention strategies to help them stay healthy, such as tobacco cessation programs.
2. **A minority (about 15%) with early or stable chronic diseases.** These British Columbians have early chronic health problems, such as asthma, diabetes, cardiovascular disease or mental illness, that put them at high risk of future complications and worsening health. **What patient-centered, accessible care looks like for them:**
   - Coordinated care that monitors and controls their illness, ensuring they receive the necessary tests and treatments known to prevent escalation or complications of their disease; and
   - Effective self-management strategies that teaches them how to participate in managing their condition in order to maintain or improve their health.
3. **A small minority (about 5%) with multiple or severe chronic illnesses and extremely high care needs.** This small percentage of the population (about 200,000 people) need and use care the most. Research finds that they account for about one-third of all physician visits and all hospital admissions and about two-thirds of all hospital days.

They can include frail elderly people with multiple health problems; people with terminal illnesses or incurable conditions, such as congestive heart failure; or people with severe mental illnesses complicated by physical disease or addictions. Some of these individuals may have a sudden health crisis, such as an accident or diagnosis of cancer, which entails intense treatment and contact with health services for perhaps a year or so, but then return to generally good health in subsequent years. **What patient-centered, accessible care looks like for them:**

- Coordinated, integrated care, often from interdisciplinary care teams, that cross service boundaries to monitor and stabilize their condition, prevent unnecessary complications and limit the crises that lead to repeated hospitalizations and deterioration of their quality of life.

Working with Partners to Meet Patients' Needs

Health care in BC is delivered in partnership. While the Ministries of Health directly deliver a select number of services to the public, such as the BC Ambulance Service, health authorities and other system partners such as doctors and pharmacists are responsible for delivering the vast majority of health programs and services to British Columbians. The Ministries of Health will assist our partners in meeting system objectives and priority strategies by providing clear direction and support. Setting policies, creating legislation, providing data and research backing, providing expertise and best practice information, aligning performance with incentives, and linking partners to create best practice networks are some examples of the direction and support that the ministries can provide.

Across the provincial health care system, there areexamples of innovation and excellence in service delivery. Forerunners in developing improved care patterns in areas such as palliative care and all-inclusive care for the frail elderly are setting the direction for the health system as a whole to move forward.

In their stewardship role, the Ministries of Health will work closely with service delivery partners (e.g., health authorities (HAs), doctors, pharmacists) to facilitate the sharing of best practices knowledge and help support them in delivering leading edge services to the people of BC. Further, planning partnerships with health care deliverers will help ensure that government's strategic priorities are both defensible and guide actual service delivery.

The relationships the ministries have with health authorities, provider associations, and counterparts from federal, provincial, and local governments will be further enhanced to meet future challenges by:

Ministry of Health Planning Mandate

The role of the Ministry of Health Planning is to develop and articulate expectations of health system performance and monitor the health of British Columbians. Its core functions are:

- Plan
- Develop legislation, policy standards and other performance management tools
- Report on population health (Provincial Health Officer) and respond

- Developing stronger relationships with health authorities via Leadership Council;
- Cooperating with federal, provincial and local government counterparts on inter-jurisdictional issues (e.g., federal/provincial/territorial working groups);
- Building on established relationships with professional organizations;
- Building relationships with other ministries to provide "shared services"; and
- Improving understanding of public perceptions and attitudes.

What Are We Doing to Create the System We Want?

The ministries have identified 15 priority strategies for the next three years to help create a more responsive patient-centred health care system. These are listed in the Ministry of Health Services Service Plan under the core businesses 'Services Delivered by Partners' and 'Services Delivered by Ministry' as this is where lead responsibility for implementing the strategies rests. These 15 priority strategies support the following five key objectives for the health care system:

Objective 1: Provide care at the appropriate level in the appropriate setting by shifting the mix of acute/institutional care to more home/ community care.

Our hospitals, community services and health care professionals must be used in the most effective and efficient ways possible that lead to the best patient outcomes. Right now, the lack of adequate services in the community can lead to the following gridlock in acute care. "Verna" is waiting in an acute care medical bed for appropriate services in the community to enable her discharge from hospital. "Fred" is on a stretcher in the emergency awaiting Verna to move to allow him to be admitted upstairs. "Ethel" is in the ambulance and diverted to another hospital because of Fred and others backlogged in the emergency. "Jennifer's" elective surgery is delayed because of the shortage of acutecare beds.

The newly reorganized health authorities now have the managerial scope and the budgetary incentives to implement large scale structural changes to how healthcare services are being delivered. These redesign efforts, which were begun in 2001 and are still underway in communities throughout BC, are shifting the underlying mix of services and health care providers to ensure that care is delivered in the most appropriate level and setting. The goal is for an integrated network of services, which links primary care, diagnostics, home and community care and acute care hospitals. In an integrated system the patient will move more easily between various settings and providers and will not be left waiting at one level for services to be provided at another.

Effective primary care and community services can help prevent health crises that lead to hospitalization and speed the discharge from hospital back home. New assisted living units are being built that will provide more appropriate alternatives to residential care for the elderly and help alleviate patients waiting in acute care beds who could receive services elsewhere.

Towards a Better Quality of Life

What are the challenges?

In most polls that ask seniors and people with disabilities what they want, they say the same thing — a good quality of life. They want to remain independent for as long as possible and to have choices for the type of care they receive. Few choose to die in a hospital or long-term care facility, and yet that is what happens to thousands of seniors each year. Many of them may have been able to avoid such institutional settings had there been affordable alternatives such as assisted living. These are home-like residences that provide some care, such as help with daily living activities.

Currently, the bulk of spending — 70 per cent of home and community care costs — are devoted to the 30 per cent of seniors living in long-term care facilities. With the aging population, the number of clients needing home and community care services will increase by about 1,600 people every year. This will mean a greater demand for services and a wider range of care options.

How are these challenges being addressed?

Increasing care options that help people to stay in their homes longer is the underlying objective of the government's new strategic direction. This means a shift from a system dominated by institutional solutions to one that offers more home- and community-based solutions. The goal is to deliver the independence, choice and quality of life that people want. To ensure sustainability of the system, services are being targeted to those with high-care needs and low-to-moderate incomes.

Health authorities are embarking on a major redesign of their home and community care services, which involves:

- providing thousands of assisted living units, including 3,500 under the Independent Living BC Program with BC Housing;
- ensuring a more appropriate use of long-term care facilities to focus on the frailest of seniors and those with high-care needs;
- enhancing home care services such as home support and adult day centers;
- expanding palliative care services to provide dying people with greater choice and access to services to ease the passage of death;
- developing alternatives to acute care services such as sub-acute care and hospice; and
- providing appropriate community and supportive post-acute care to enable timely discharge of patients to their homes from hospital once the need for acute medical care has ended.

How is progress being measured?

The ministry is monitoring two indicators in 2003/04: the use of acute care beds by seniors who could be better served in the community and the percentage of clients with high-care needs living in their own home rather than a facility. It plans to add additional indicators that measure the quality and appropriateness of home and community care services and palliative care.

The system is in year two of the redesign process and is still in the transition phase to this more effective and sustainable health care model. The goal is to create a flexible, adaptable system that is continually improving and meeting patients' and the public's changing health needs at the most appropriate level. However, modernizing care processes to create this adaptable system requires time and dedicated resources. The ministry and its health service delivery partners will be staying the course over the next three years with these redesign plans. Through performance measures and health authority performance agreements, we will be monitoring the success of these initiatives and reporting to the public.

Changing the Focus of Care for Mental Health and Addiction

What are the challenges?

Substance use and mental disorders are associated with significant human and economic costs:

- One in five adults experiences a mental disorder during a 12-month period;
- Approximately 300,000 British Columbians see a physician for depression or anxiety disorders each year;
- Hospital stays for patients with mental disorders are two and a half times longer than for other illnesses;
- 30 per cent of the days spent in acute-care hospitals are used by patients with a mental disorder; and
- 50–70 per cent of patients have concurrent mental and substance use disorders.

The problem is often exacerbated by untreated physical illnesses, undiagnosed substance use disorders, unemployment and homelessness. Yet, these substance use and mental disorders are treatable. With appropriate care and support, people can manage their illness better, reduce their level of disability and achieve their full potential.

How are these challenges being addressed?

A key step in providing appropriate care and support to people with mental disorders is to provide more care in the community and to minimize time spent in institutions. The success of this shift will depend in large part on ensuring a continuum of services in each health authority that better integrates community, primary, secondary, and tertiary mental health and addictions care. Integrating mental health into the larger health care network will also be critical.

More specifically, to revitalize mental health and addiction services, we are refocusing the mental health plan to concentrate on several major shifts:

- ensuring better integration of mental health and addiction services, for example, by providing a continuum of hospital- and community-based care; coordinating care among doctors, nurses, counselors, and other professionals; and improving the transition of youth to the adult mental health system;
- improving community-based options, such as education, supportive residential care, and home treatment;
- undertaking province-wide strategies to address problem areas, such as depression and anxiety disorders;
- developing innovative provincial tertiary or specialized care in key provincial locations;
- integrating care across all care networks, particularly for clients with extensive high-care needs, such as people with substance use and mental disorders; and
- ensuring quality service delivery by providing access to accurate, standard and timely information and promoting the use of best practices and evidence-based approaches.

How is progress being measured?

To ensure a focus on quality and effectiveness of mental health services, the ministries are monitoring two indicators that measure results of service changes for clients. Specifically, the 2003/04 indicators are monitoring the proportion of persons who received follow-up care after treatment of a mental disorder in hospital and the proportion of mental health services received by mental health clients within their own health authority.

How much are we spending?

An additional $220 million in funding is being added for mental health services by 2005/06 to bring total funding for mental health services to over $1.1 billion a year.

Funding for Mental Health Services ($ millions)

2000/01	2001/02	2002/03	2003/04	2004/05	2005/06
855	924	1,005	1,067	1,086	1,124

Objective 2: Provide tailored care for key segments of the population to better address their specific health care needs and improve their quality of life.

One-size does not fit all in health service delivery. Customized care that expressly addresses the unique needs of specific patient subpopulations, such as palliative care programs for the dying or specialized care for the frail elderly, can improve quality of life and health outcomes for patients and provide better use of health services.

A major new system-wide strategy targeting patients who need and use the most care is included in this service plan. This initiative will capitalize on new federal funding to improve the management of care for the sickest people in BC. The focus of this initiative will model improved, patient-centred care as described in the accompanying box.

Objective 3: Keep people as healthy as possible by preventing disease, illness and disability and slowing the progression of chronic illness to minimize suffering and reduce care costs in the future.

Health promotion, prevention, and protection, along with chronic disease prevention and management, are important health services necessary to maintain and improve positive health outcomes while containing overall health system costs. The essential first step in management of disease, illness or disability is to prevent or at least delay their occurrence. All British Columbians benefit from effective public health services, which provide health promotion and protection, effective immunizations, and infectious disease prevention and control; and monitor and regulate water, food and environment al safety. The second step is to

Modeling Our New Way of Doing Business

The five per cent of individuals who need and use health services the most are moving in and out of our health care system constantly. They are the ones whose care experience and outcomes can effectively mark our progress in creating a responsive health system.

Improving system processes for the patients with the highest needs will exemplify, and be the litmus test of, the philosophical and practical changes behind the current health reforms already well underway. By its application, the high needs strategy will:

- help further define the new stewardship roles of the Ministries of Health;
- demonstrate the service delivery role of the health authorities;
- provide opportunities for clinical integration and innovation among our health professionals and;
- encourage the patients themselves to become informed partners in their own care

Principles of Care

- Identification and monitoring of the population at risk
- Coordinated care that increases quality, integration and efficiency of care
- Stepped care that matches treatment to need
- Shared care that enables timely access to expert support
- Preventing the preventable, particularly intervening to stop the worsening of disease
- Supporting patient empowerment
- Tailored programs designed for specific purposes
- Increasing the capacity of primary health care service

Examples of Programs Health Authorities May Decide Best Meet Patient Needs:

- **End-of-Life Care:** Advanced Directives and Community-Based Palliative Care
- **All-inclusive care for the frail elderly:** Full spectrum of community care for the frail elderly that improves health and quality of life and keeps them out of hospital.
- **Assertive Community Treatment for people with mental illness:** "ACT" teams provide outreach to people living with severe mental illness to improve health, manage other health problems and prevent hospitalization.

reduce the burden of disease, injury and disability through education and self-management in combination with supportive environments and health services. Ensuring people have the resources they need, where they need them and when they need them can help them make the right health decisions for themselves and their families. Resources such as the BC HealthGuide Handbook, BC HealthGuide Online, and the BC NurseLine ensure people have the information they need, 24 hours a day, 7 days a week to make appropriate health decisions at home.

Objective 4: Manage within the available budget while meeting the priority needs of the population.

In addition to shifting the underlying structure of health service delivery, individual services are being examined to maximize patient safety by ensuring a critical mass of expertise is maintained. This consolidation of services, together with a careful and efficient administration of services, will help ensure the system is sustainable over the long run.

Under this objective, the regions will continue to consolidate acute care services and create a network of services, linking small community hospital centres with basic emergency services to larger community hospitals and regional referral centres for more complex care. This consolidation of services into a coordinated, stepped network of care will lead to more continuous coverage, better recruitment and retention of family doctors and specialists, improved patient outcomes and a wiser, more cost-efficient use of resources.

Objective 5: Provide clients with equitable and timely access to services directly delivered by the ministry.

The fifth objective focuses on improving the services the ministry currently delivers directly to the public. Priorities include better integration of ambulance services with other health services and timely delivery of MSP and Pharmacare registration services. The ministry is in the process of reviewing these "Services Delivered by Ministry" to determine if direct delivery is in fact the most appropriate and efficient way of doing business.

How Well Does this Plan Reflect the Features of a Good System?

Earlier, under *Building the System We Want*, the plan identified seven elements of a responsive, patient-centred health system. The following table shows how this plan's strategies address these features:

Elements of A Good System	Strategies
Timely access to health care providers 24/7, whether by a call to a nurse line, after-hours clinic, or fully-staffed referral hospital within a reasonable travel time.	**Priority Strategy #1** — Hospital Admissions Prevention through Increased Community Care Options: Prevent unnecessary hospitalizations by providing patients with better access to family physicians, specialists and other providers and services in the community.
Timely access to diagnostic procedures and treatments.	**Priority Strategy #3** — Effective Management of Acute Care Services in Hospitals: Plan for and manage the demand on emergency health services and surgical and procedural services.
Do not have to repeat their health histories or repeat tests for every provider they see.	**Priority Strategy #5** — Build the Foundation for Integrated Care networks: a) Connect physicians and other health care professionals to diagnostic services, hospitals and each other.
Access to quality home and community care services.	**Priority Strategy #2** — Post-Acute (hospital care) Alternatives: Provide appropriate community health support to enable timely discharge of patients from hospital once the need for acute medical care has ended. **Priority Strategy #4** — Alternatives to Institutional Care: Help elderly and disabled individuals avoid institutionalization and remain as independent as possible in their own homes and communities by increasing the range of supportive housing environments and community care options, while reserving residential institutions for patients with the most complex care needs.
Access to the drugs they need without undue financial hardship.	**Priority Strategy #15** — Improve Registration Services to the Public: Review the MSP and Pharmacare registration criteria and processes to ensure they provide appropriate and timely services to British Columbians and are managed and delivered by the most appropriate and efficient means.
Access to quality care no matter where they live.	**Priority Strategy #12** — Service Quality Enhancement for Rural and Smaller Communities: Consolidate services where necessary to ensure there is a critical mass of expertise to deliver services safely, cost-effectively and at a high quality.
See their health care system as efficient, responsive, and adapting to their changing needs, and those of their families and communities, now and in the future.	**MOHP Strategy 1** — Translate health care needs into clear strategic direction for the healthcare system and communicate this direction through comprehensive mid- and long-term plans. **MOHP Strategy 6** — Provide legislative, regulatory and policy frameworks that provide greater flexibility in how and what services are delivered to ensure appropriate and cost-effective delivery. **MOHP Strategy 10** — Support health research and create opportunities for health partners to share knowledge and best practices to facilitate continuous improvement in service delivery.

How will Progress be Measured?

Our progress and performance in achieving the results for our health service plan efforts will be measured and reported on at various levels of the system. The refinement of ministry service plan performance measures, done collaboratively with health authorities, will assist the system in focusing on priority populations and measuring the success of service improvements and health reform fund initiatives.

Performance measures are also included in health authority (HA) performance agreements and will be reported on annually through HA performance reports. This year, for the first time, performance measures have been developed for the ministries' various functions, not just for services delivered by partners. Now the ministries will be better able to measure and evaluate how well they perform their corporate management and stewardships functions and how well they deliver the services they provide directly to the public.

The tighter alignment of HA performance agreements with ministry service plans in 2003/04 will help ensure that redesign changes are implemented, that their success is monitored and reported, and that appropriate corrective action is taken.

Ministry Goals (MOHS and MOHP)

Goal 1: High Quality Patient-Centred Care

Patients receive appropriate effective, quality care at the right time in the right setting and health services are planned, managed and delivered around the needs of the patient.

Goal 2: Improved Health and Wellness for British Columbians

Support British Columbians in their pursuit of better health through protection, promotion and prevention activities.

Goal 3: A Sustainable, Affordable Public Health System

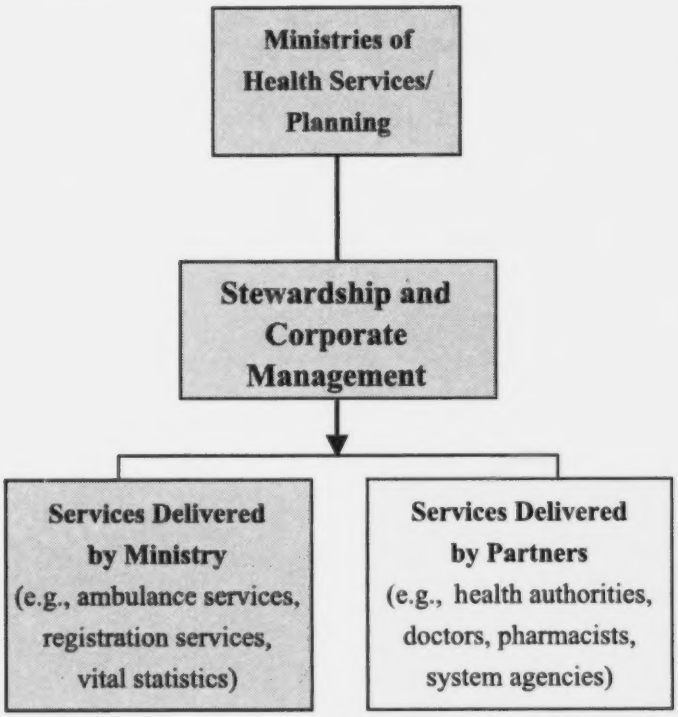
A planned, efficient, affordable and accountable public health system, with governors, providers and patients taking responsibility for the provision and use of these services.

Core Businesses

The two Ministries of Health share three core businesses:

- Stewardship and Corporate Management
- Services Delivered by Ministry, and
- Services Delivered by Partners

Core Businesses for the Ministries of Health


Ministries of Health Services/ Planning
Stewardship and Corporate Management
Services Delivered by Ministry (e.g., ambulance services, registration services, vital statistics)
Services Delivered by Partners (e.g., health authorities, doctors, pharmacists, system agencies)

This service plan is structured around the two core businesses for which the Ministry of Health Planning has direct responsibility: "Stewardship and Corporate Management" and "Services Delivered by Ministry" in relation to the Vital Statistics Agency. For reporting brevity, the remaining core business "Services Delivered by Partners" is reported only in the Ministry of Health Services Service Plan. However, the reader is reminded that the strategies shown under stewardship and corporate management in this service plan are intended to support our partners in achieving the 15 health system priority strategies discussed under "Services Delivered by Partners" and "Services Delivered by Ministry" in the Ministry of Health Services Service Plan. These 15 priority strategies for the health system are also listed on page 5 of this plan.

Resource Summary by Core Business

Core Business:	2002/03 Restated Estimates	2003/04 Estimates	2004/05 Plan	2005/06 Plan
Operating Expenses ($000)				
Stewardship and Corporate Management	16,071	17,069	16,581	16,581
Services Delivered by Ministry (Vital Statistics Agency)	7,109	7,085	6,935	6,935
Total	**23,180**	**24,154**	**23,516**	**23,516**

Ministry Structure

To fulfill its stewardship function the Ministry of Health Planning is organized under the following areas:

Planning, Policy and Legislation

This division, in collaboration with the Ministry of Health Services, health authorities, providers, and others, develops planning approaches and tools, policy, legislation and intergovernmental positions to strengthen health system management. The division also establishes the broad accountability framework for the entire health system, develops specific standards for quality and access and leads the planning of health human resources.

Strategic Change Initiatives

This division develops long-term plans in collaboration with health authorities and other key providers. It also oversees specific projects designed to improve quality, access or efficiency. Working with staff from both Ministries of Health, other ministries of government, health care providers, administrators and researchers, the division leads planning initiatives, undertakes time-limited management projects and provides project management expertise for all areas of the health ministries.

Office of the Provincial Health Officer (PHO)/ Population Health and Wellness

The functions and duties of the Provincial Health Officer, detailed in the *Health Act*, stem from its central role of watching over the health of British Columbians. It provides independent advice to government on health issues, monitors and reports on the health of the people of B.C., identifies the need for legislation or a change of policy or practice respecting health in British Columbia, and works with regional medical health officers and the B.C. Centre for Disease Control to fulfill their legislated health protection and disease

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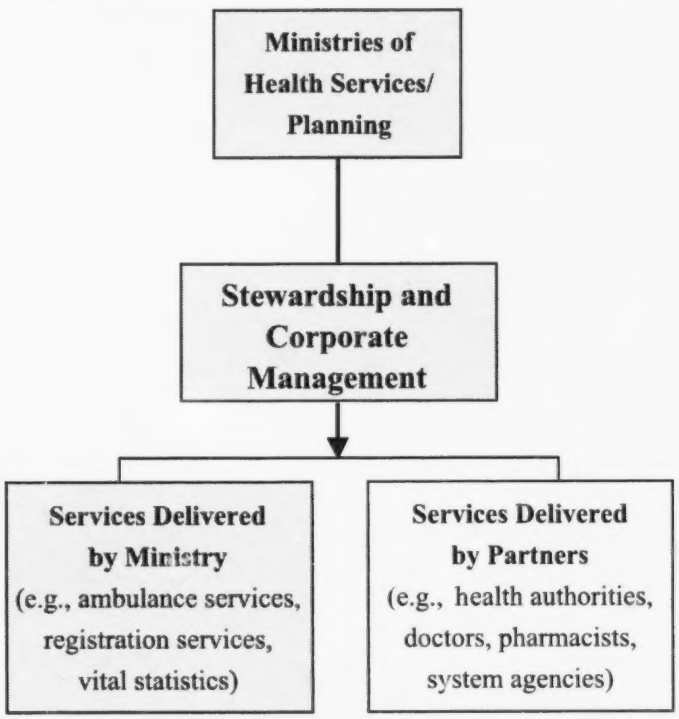
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control mandates. The information the office collects also feeds into the ministry's long-term planning and strategic change initiatives by calling attention to urgent and emerging health issues.

This business area also includes the Population Health and Wellness Division. The division develops and evaluates major provincial strategies and works with the health authorities to protect and improve the health of British Columbians and reduce future demands for health care services.

Vital Statistics Agency

The Vital Statistics Agency provides a system for the registration and certification of vital events for the Province of British Columbia. The agency mandate is established in a number of pieces of legislation including the *Vital Statistics Act*, the *Marriage Act* and the *Name Act*. The agency fulfills a direct public service role by producing vital event certificates and documents to the public. The agency also provides vital event data, statistical reports and health status indicators to support the needs of the ministry, the provincial and federal governments, and regional health care administrators and researchers in managing health-care initiatives.

Objectives, Strategies, Performance Measures and Targets

Core Business: Stewardship and Corporate Management

Stewardship

Goals:

1. High Quality Patient Care
2. Improved Health and Wellness for British Columbians

Obj. 1: Direction
Government's strategic direction is clearly defined and communicated and guides service delivery.

Obj. 2: Support
Supports are in place to facilitate the achievement of strategic priorities, and barriers to change have been removed.

Obj. 3: Monitoring, Evaluation & Course Correction
Delivered services meet public needs and are sustainable.

MOHP Strategy 1: Translate health care needs into clear strategic direction for the healthcare system and communicate this direction through comprehensive mid and long-term plans.

MOHP Strategy 2: Develop provincial quality and access standards/guidelines for selected services (e.g., appropriate service volumes required to ensure safety and quality of service delivery).

MOHP Strategy 3: Develop coordinated system-wide approaches for responding to major public health risks and epidemics (e.g., SARS, West Nile, meningitis and influenza outbreaks; childhood immunizations).

MOHP Strategy 4: Protect public health by articulating expectations for core public health prevention and protection activities, including standards for their delivery (e.g., food and water safety licensing).

MOHP Strategy 5: Enhance the quality and accountability of self-regulated health care professionals in British Columbia by developing a regulatory framework to support and guide their work.

Performance Measures:

MOHP – PM#1 (Relates to Strategy 1): Mid- and long-term direction setting plans for the health sector completed.

Target 02/03: Service plan developed; Phase 1 of development of 10-year healthcare system directional plan started.

Target 03/04: Healthcare system directional plan developed and service plan aligned with directional plan.

Target 04/05: Monitoring process developed; implementation of strategies from long-term plan in progress.

Target 05/06: Plans, planning processes and implementation assessed; planning cycle updated.

MOHP – PM#2 (Relates to Strategy 2): Access and quality standards/guidelines developed for selected services.

Target 02/03: Priority services for standard development selected and consultation with relevant stakeholders completed.

Target 03/04: Access and quality standards, targets and performance measures developed and articulated.

Target 04/05: Access targets and quality standards implemented through inclusion in performance contracts.

Target 05/06: Monitoring, evaluation, and reporting on standards maintained.

MOHP – PM#3 (Relates to Strategy 4): Development of a new *Public Health Act*.

Target 02/03: Revision of 3 public health acts (*Drinking Water Protection Act, Food Protection Act*, and *Community Care Facility Act*).

Target 03/04: Regulations, policy and guidelines developed for new/revised legislation.

Target 04/05: Public health legislation consolidated into a new *Public Health Act*.

Target 05/06: Completed.

MOHP – PM#4 (Relates to Strategy 4): Priority programs developed for prevention and protection.

Target 02/03: Complete consultation on priority programs for health authorities.

Target 03/04: Core programs delivery expectations and performance measures finalized.

Target 04/05: Development of mechanisms completed to ensure health authorities meet core program requirements such as:

1) provincial policy,
2) provincial standards,
3) performance contract expectations, etc.

Target 05/06: Strategy completed.

MOHP – PM#5 (Relates to Strategy 5): Improved governance and accountability framework developed for the health professions.

Target 02/03: N/A

Target 03/04: *Health Professions Act* (HPA) amended to clarify accountability and governance expectations for all colleges.

Target 04/05: Revisions to various regulations under the HPA completed.

Target 05/06: Monitoring system for regularly surveying compliance and performance of all colleges developed.

Stewardship (continued)

Goals:

1. High Quality Patient Care
2. Improved Health and Wellness for British Columbians

Obj. 1: Direction
Government's strategic direction is clearly defined and communicated and guides service delivery.

Obj. 2: Support
Supports are in place to facilitate the achievement of strategic priorities, and barriers to change have been removed.

Obj. 3: Monitoring, Evaluation & Course Correction
Delivered services meet public needs and are sustainable.

MOHP Strategy 6: Provide legislative, regulatory and policy frameworks that provide greater flexibility in how and what services are delivered to ensure appropriate and cost-effective service delivery (e.g., Public private partnerships).

MOHP Strategy 7: Ensure the healthcare system has the capacity to meet the population's health needs by developing provincial plans for the supply and effective use of health care professionals, facilities and infrastructure.

MOHP Strategy 8: Influence public policy outside health to address principle risk factors that underlie health outcomes and drive health system costs (e.g., housing, economics, environment).

MOHP Strategy 9: Lead the development of planning guidelines that articulate best practices for service delivery (End-of-life, Aboriginal health services and women's health strategies).

MOHP Strategy 10: Support health research and create opportunities for health partners to share knowledge and best practices to facilitate continuous improvement in service delivery.

Performance Measures:

MOHP – PM#6 (Relates to Strategy 6): Percentage of regulatory requirements reduced.

Target 02/03: 2% reduction in regulations

Target 03/04: Further 10% reduction in regulations

Target 04/05: Further 26% reduction in regulations

Target 05/06: Completed

MOHP – PM#7 (Relates to Strategy 6): Establishment of a regulatory framework to ensure appropriate utilization of the private sector in the provision of health care.

Target 02/03: Policy framework completed.

Target 03/04: Policy framework implemented.

Target 04/05: Completed

Target 05/06: Completed

Performance Measures (continued):

MOHP – PM#8 (Relates to Strategy 7): Health Human Resource, IT and Capital plans developed.

Target 02/03: Health Human Resource Plan designed and consultations completed.

Target 03/04: Health Human Resource Plan updated. Capital asset management planning process implemented. Hospital facilities, Intermediate and Long-term Care facilities, and Medical Machinery, Equipment and Technology plans developed.

Target 04/05: Monitoring process developed. Implementation of strategies for completed long-term plans in progress, and updated based on new data.

Target 05/06: Plans assessed against direction-setting documents, and refreshed.

Stewardship (continued)

Goals:

1. High Quality Patient Care
2. Improved Health and Wellness for British Columbians
3. A Sustainable, Affordable Health Care System

Obj. 1: Direction
Government's strategic direction is clearly defined and communicated and guides service delivery.

Obj. 2: Support
Supports are in place to facilitate the achievement of strategic priorities, and barriers to change have been removed.

Obj. 3: Monitoring, Evaluation & Course Correction
Delivered services meet public needs and are sustainable.

MOHP Strategy 11: Monitor and report publicly on the health of the British Columbia population.
MOHP Strategy 12: Monitor and forecast the economic impact of disease and demographic trends.
MOHP Strategy 13: Monitor and report on patient health service experience and public satisfaction.

Performance Measures:

MOHP – PM#9 (Relates to Strategy 11): Report annually on population health status or a significant health issue.

- **Target 02/03:** Annual report produced (topic: Aboriginal health and well-being).
- **Target 03/04:** Annual report produced (topic: air quality).
- **Target 04/05:** Annual report produced (topic: to be determined).
- **Target 05/06:** Annual report produced (topic: to be determined).

MOHP – PM#10 (Relates to Strategy 11): Monitoring with respect to the provincial health officer's recommendations (HIV, drinking water, Aboriginal health, air quality).

- **Target 02/03:** Action taken on HIV reporting recommendation.
- **Target 03/04:** Action taken on 6 priority recommendations with respect to drinking water quality.
- **Target 04/05:** Action taken on recommendations to improve Aboriginal health.
- **Target 05/06:** Action taken on additional recommendations in forthcoming reports.

MOHP – PM#11 (Relates to Strategy 13): Public and patient satisfaction rates.*

- **Target 02/03:** Maintain 45-50% public satisfaction rate and complete development of mechanisms for measuring patient satisfaction.
- **Target 03/04:** Maintain 45-50% public satisfaction rate and achieve 70% patient satisfaction rate.
- **Target 04/05:** Maintain 45-50% public satisfaction rate and 70% patient satisfaction rate.
- **Target 05/06:** Maintain 45-50% public satisfaction rate and 70% patient satisfaction rate.

(*Targets will be adjusted against benchmarks established by survey instruments currently under development by MOHP and at the national level. National benchmarks for sector specific patient satisfaction levels will be established in 2003/04.)

Corporate Management

Goal:

3. A Sustainable, Affordable Health Care System

Obj. 1: Appropriate organizational capacity to manage the health care system and efficiently deliver necessary services.

Obj. 2: Sound management practices in place.

MOHP Strategy 14: Implement Human Resource Management Plan for the Ministries of Health (see Section F in this service plan).

Performance Measures:

MOHP – PM#12 (Relates to Strategy 14): Percentage of employees who indicated comprehension of vision, mission, and goals of the organization, and their role in assisting to achieve these goals (Annual Employee Survey).

Target 02/03: N/A

Target 03/04: TBD*

Target 04/05: TBD

Target 05/06: TBD

(*TBD - targets will be based on results received from pending employee survey)

Corporate Management (continued)

Goal:

3. A Sustainable, Affordable Health Care System

Obj. 1: Appropriate organizational capacity to manage the health care system and efficiently deliver necessary services.

Obj. 2: Sound management practices in place.

MOHP Strategy 15: Embed sound business practices and a business management culture within the Ministries of Health.

Performance Measures:

MOHP – PM#13 (Relates to Strategy 15): Percentage of divisions with integrated service (business) and HR plans.

Target 02/03: N/A

Target 03/04: 30%

Target 04/05: 80%

Target 05/06: 100%

Core Business: Services Delivered by Ministry (Vital Statistics Agency)

Goal:

3. A Sustainable, Affordable Health Care System

Obj. 2: Provide timely, quality service to the public within a sustainable fiscal framework.

VS Strategy 1: Pilot an electronic service for the registration of births and deaths.

VS Strategy 2: Maintain customer satisfaction levels while implementing nationally mandated identification security measures.

VS Strategy 3: Improve direct electronic access to users of vital event health-related information products from the VISTA data warehouse to support health planning and surveillance activities.

Performance Measures:

VS – PM#1 (Relates to Strategy 1): Vital Statistics registration turnaround times.

Base 02/03: 45 days from date of event to complete registration for 90% of events reported.

Target 03/04: 40 days from date of event to complete registration for 90% of events reported.

Target 04/05: 35 days from date of event to complete registration for 90% of events reported.

Target 05/06: 35 days from date of event to complete registration for 90% of events reported.

VS – PM#2 (Relates to Strategy 2): Customer and client (e.g., doctors, nurses etc.) satisfaction rates (courtesy, helpfulness, promptness).

Forecast 02/03: 97% of customer satisfaction responses are satisfactory or better.

Target 03/04: 96% of customer satisfaction responses are satisfactory or better.

Target 04/05: 96% of customer satisfaction responses are satisfactory or better.

Target 05/06: 96% of customer satisfaction responses are satisfactory or better.

VS – PM#3 (Relates to Strategy 3): Expanded scope of clients having direct access to Vital Statistics VISTA data warehouse.

Base 02/03: N/A

Target 03/04: electronic access to VISTA provided to primary users within the Ministries of Health.

Target 04/05: electronic access to VISTA provided to Medical Health Officers, health authorities, and primary users at other ministries.

Target 05/06: electronic access to VISTA provided to health focused research groups within hospitals and universities.

Consistency with Government Strategic Plan

Government Strategies related to the Ministry of Health Services and the Ministry of Health Planning	Ministry of Health Services and Ministry of Health Planning Strategies
Goal 1: A STRONG AND VIBRANT ECONOMY	
Expand partnerships with the federal government to promote growth and economic development in British Columbia.	**MOHS Strategy 4:** Make data accessible, with due attention to quality, security and privacy protection, to support improved planning of patient care and clinical decision making by partners (e.g., Electronic Health Record; CDM registries; inter-provincial/national data collection standards and registries). **MOHS Strategy 2:** Align health care funding with BC's strategic priorities, while ensuring health care commitments made with other governments are met.
Develop a provincial human resources strategy to ensure British Columbia has the skilled workforce to support British Columbia growth.	**MOHP Strategy 7:** Ensure the healthcare system has the capacity to meet the population's health needs by developing provincial plans for the supply and effective use of health care professionals, facilities and infrastructure.
All ministries will meet their budget and service plan targets.	**MOHS Strategy 9:** Monitor financial status to ensure overall health system costs stay within budget.
Promote and sustain a renewed professional public service.	**MOHP Strategy 14:** Implement Human Resource Management Plan for the Ministries of Health. **MOHS Strategy 12:** Implement Human Resource Management Plan for the Ministries of Health.
Establish public private partnerships or other alternative service delivery arrangements for capital infrastructure and program delivery.	**MOHP Strategy 6:** Provide legislative, regulatory and policy frameworks that provide greater flexibility in how and what services are delivered to ensure appropriate and cost-effective service delivery (e.g., Public private partnerships).

Goal 2: A SUPPORTIVE SOCIAL FABRIC	
Facilitate a community-based approach to ensure access to high quality and cost effective health, education and social services.	**Priority Strategy 1: Hospital Admissions Prevention through Increased Community Care Options:** Prevent unnecessary hospitalizations by providing patients with better access to family physicians, specialists and other providers and services in the community. **Priority Strategy 2: Post-Acute (hospital care) Alternatives:** Provide appropriate community and supportive care to enable timely discharge of patients from hospital once the need for acute medical care has ended. **Priority Strategy 4: Alternatives to Institutional Care:** Help elderly and disabled individuals avoid institutionalization and remain as independent as possible in their own homes and communities by increasing the range of supportive housing environments and community care options, while reserving residential institutions for patients with the most complex care needs. **Priority Strategy 5: Build the Foundation for Integrated Care Networks: b.** Provide a continuum of services in each health authority for mental health patients that better integrates primary, secondary community and tertiary mental health care and is integrated with the larger care networks.
Provide greater choice of living options for Home and Community Care.	**Priority Strategy 4: Alternatives to Institutional Care:** Help elderly and disabled individuals avoid institutionalization and remain as independent as possible in their own homes and communities by increasing the range of supportive housing environments and community care options, while reserving residential institutions for patients with the most complex care needs.
Enhance full-service family practice to ensure delivery of a consistent level and quality of coordinated medical and related services throughout the province.	**Priority Strategy 1: Hospital Admissions Prevention through Increased Community Care Options:** Prevent unnecessary hospitalizations by providing patients with better access to family physicians, specialists and other providers and services in the community. **Priority Strategy 5: Build the Foundation for Integrated Care Networks: a.** Connect physicians and other health care professionals to diagnostic services, hospitals, and each other.

Ensure delivery of a consistent level and quality of education, health and social services throughout the province.	**MOHP Strategy 2:** Develop provincial quality and access standards/guidelines for selected services (e.g., appropriate service volumes required to ensure safety and quality of service delivery). **MOHP Strategy 9:** Lead the development of planning guidelines that articulate best practices for service delivery (End-of-life, Aboriginal health services and women's health strategies).
Implement and manage performance based accountability agreements for publicly funded agencies including health, education and social services.	**MOHS Strategy 8:** Develop an effective monitoring and evaluation framework for services provided by health authorities and other system partners (e.g., health professions).
Improve the prevention and management of selected chronic diseases.	**Priority Strategy 7: Better Care for People with Chronic Conditions:** Increase the emphasis on the effective management of chronic diseases (e.g., diabetes) to prevent or slow disease progression.
Ensure information is available to assist individuals in making more informed decisions regarding their personal and community health, education, fitness, safety and health care needs.	**Priority Strategy 10: Enhancing Self-Care and Self-Management:** Support individuals' self-management efforts to help healthy people stay healthy and allow people with chronic conditions to better manage their condition.
Provide supports and incentives to enhance local responsiveness to community and family needs.	**MOHS Strategy 6:** Align incentives to facilitate the achievement of expectations (e.g., incentives to retain and recruit rural/remote physicians). **Priority Strategy 12: Service Quality Enhancement for Rural and Smaller Communities:** Consolidate services where necessary to ensure there is a critical mass of expertise to deliver services safely, cost-effectively and at a high quality.
Provide supports and incentives to engage in programs for health promotion and prevention of racism and violence.	**MOHP Strategy 4:** Protect public health by articulating expectations for core public health prevention and protection activities, including standards for their delivery (e.g., food and water safety licensing). **MOHP Strategy 8:** Influence public policy outside health to address principle risk factors that underlie health outcomes and drive health system costs (e.g., housing, economics, environment).
Promote the development of supports and services within aboriginal communities that address their unique social and economic conditions.	**Priority Strategy 9: Improve the Health Status of Aboriginal Peoples**: Support initiatives to improve Aboriginal health through the formalized participation of Aboriginal people in the planning and delivery of health care.

GOAL 3 — SAFE, HEALTHY COMMUNITIES AND A SUSTAINABLE ENVIRONMENT	
Reduce impacts to surface and groundwater through implementation of the amended *Drinking Water Protection Act* and groundwater legislation.	**MOHP Strategy 4:** Protect public health by articulating expectations for core public health prevention and protection activities, including standards for their delivery (e.g., food and water safety licensing). **Priority Strategy 11: Protection from Disease or Injury:** Protect public health by implementing core public health prevention and protection programs (e.g., food and water safety programs, immunization programs, falls)
Sponsor a provincial strategy that promotes physically active living through active schools, active communities and organized sport.	**MOHP Strategy 4:** Protect public health by articulating expectations for core public health prevention and protection activities, including standards for their delivery (e.g., food and water safety licensing). **MOHP Strategy 8:** Influence public policy outside health to address principle risk factors that underlie health outcomes and drive health system costs (e.g., housing, economics, environment).

Resource Summary

Core Businesses	2002/03 Restated Estimates	2003/04 Estimates	2004/05 Plan	2005/06 Plan
Operating Expenditures ($000)				
Stewardship and Corporate Management				
Minister's Office	467	467	467	467
Program Management and Corporate Services	15,604	16,602	16,114	16,114
Sub Total	16,071	17,069	16,581	16,581
Services Delivered by Ministry				
Vital Statistics	7,109	7,085	6,935	6,935
Total	**23,180**	**24,154**	**23,516**	**23,516**
Full-time Equivalents (FTEs)				
Services Delivered by Ministry				
Vital Statistics	93	90	89	89
Stewardship and Corporate Management				
Minister's Office	4	4	4	4
Program Management and Corporate Services	118	115	115	115
Sub Total	122	119	119	119
Totals	**215**	**209**	**208**	**208**
Ministry Capital Assets (CRF) ($000)				
Building, Tenant Improvement, Land, Land Improvement, Road, Bridges and Ferries	0	0	0	0
Vehicles, Specialized Equipment, Office Furniture and Equipment	25	25	25	25
Information Systems	1,553	575	525	525
Totals	**1,578**	**600**	**550**	**550**

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Summary of Related Planning Processes

Deregulation Plan Summary

As part of the deregulation initiative, major regulatory reviews resulting in statutory, regulatory and policy amendments are being completed in the area of professional regulation, vital statistics and tobacco control legislation. In order to achieve its deregulation targets, the Ministry of Health Planning intends to move away from detailed prescriptive regulations in favour of an increasing emphasis on outcome-based regulatory requirements.

In 2003/04, regulatory requirements will be reduced by approximately 10 per cent. Because significant streamlining related to professional governance cannot be implemented before March 31, 2004, it is projected that there will be further reductions the following year. Based on reductions of 2 per cent in the 2002/03 fiscal year, it is anticipated that the ministry will achieve an overall reduction in regulatory requirements of 38 per cent by 2004/05.

The ministry intends to continue to develop new legislation and policies in 2005/06 in accordance with the principles of deregulation using an outcome-based approach.

Appendix A: Comparison of Strategies in 2002/03 – 2004/05 and 2003/04 – 2005/06 Service Plans

('-' Denotes not included in plan)

Core Business	2002/03 – 2004/05 Service Plan Strategies	2003/04 – 2005/06 Service Plan Strategies
Stewardship and Corporate Management		
Stewardship	**Goal 3 Strategy 1:** Develop a comprehensive long-term health plan that includes: Human Resources Strategy, Hospital Facilities Plan; an Intermediate and Long-Term Care Facilities Plan; a Medical Machinery and Equipment Plan; an Information Technology Plan; a Rural and Remote Health Initiative; and an Electronic Health Record (EHR).	**MOHP Strategy 1:** Translate health care needs into clear strategic direction for the healthcare system and communicate this direction through comprehensive mid and long-term plans.
	Goal 1 Strategy 5: Develop provincial quality standards for selected services.	**MOHP Strategy 2:** Develop provincial quality and access standards/guidelines for selected services (e.g. appropriate service volumes required to ensure safety and quality of service delivery).
	Goal 1 Strategy 6: Develop provincial standards of access for selected services (i.e. primary care and chronic care).	
	Goal 2 Strategy 4: Develop population-based immunization strategies and screening programs with specific emphasis on high-risk population.	**MOHP Strategy 3:** Develop coordinated system-wide approaches for responding to major public health risks and epidemics (e.g. SARS, West Nile, meningitis and influenza outbreaks; childhood immunizations).
	Goal 2 Strategy 2: Determine effective targeted prevention and early intervention strategies and set standards for their delivery.	**MOHP Strategy 4:** Protect public health by articulating expectations for core public health prevention and protection activities, including standards for their delivery (e.g. food and water safety licensing).
	Goal 2 Strategy 3: Set expectations to require health authorities to provide effective and targeted prevention programs.	

Stewardship continued...	**Goal 1 Strategy 2:** Develop a quality assurance policy for regulated health professions.	**MOHP Strategy 5:** Enhance the quality and accountability of self-regulated health care professionals in British Columbia by developing a regulatory framework to support and guide their work.
	Goal 1 Strategy 3: Develop recommendations for an appropriate governance model for licensing function.	
	Goal 3 Strategy 6: Explore options for increased patient-participation in non-CHA services (i.e. user fees and co-payments based on ability to pay) that improve the utilization of services and allow services to be improved.	**MOHP Strategy 6:** Provide legislative, regulatory and policy frameworks that provide greater flexibility in how and what services are delivered to ensure appropriate and cost-effective service delivery (e.g. Public private partnerships).
	—	**MOHP Strategy 7:** Ensure the healthcare system has the capacity to meet the population's health needs by developing provincial plans for the supply and effective use of health care professionals, facilities and infrastructure.
	—	**MOHP Strategy 8:** Influence public policy outside health to address principle risk factors that underlie health outcomes and drive health system costs (e.g. housing, economics, environment).
	—	**MOHP Strategy 9:** Lead the development of planning guidelines that articulate best practices for service delivery (End-of-life, Aboriginal health services and women's health strategies).
	—	**MOHP Strategy 10:** Support health research and create opportunities for health partners to share knowledge and best practices to facilitate continuous improvement in service delivery.
	Goal 2 Strategy 5: Develop measures and report on health services utilization among specific populations.	**MOHP Strategy 11:** Monitor and report publicly on the health of the British Columbia population.

Stewardship continued...	**Goal 3 Strategy 4:** Develop common methodologies for costing and monitoring the economic impact of disease.	**MOHP Strategy 12**: Monitor and forecast the economic impact of disease and demographic trends.
	Goal 1 Strategy 8: Identify mechanisms to determine patient and public perspectives and satisfaction.	**MOHP Strategy 13:** Monitor & report on patient & public health service experience (e.g. satisfaction).
Corporate Management	—	**MOHP Strategy 14:** Implement Human Resource Management Plan for the Ministries of Health (see Section F in this service plan).
	—	**MOHP Strategy 15:** Embed sound business practices and a business management culture within the ministries of health.
Services Delivered by Ministry (Vital Statistics Agency)		
	—	**VS Strategy 1:** Pilot an electronic service for the registration of births and deaths.
	—	**VS Strategy 2:** Maintain customer satisfaction levels while implementing nationally mandated identification security measures.
	—	**VS Strategy 3:** Improve direct electronic access to users of vital event health-related information products from the VISTA data warehouse to support health planning and surveillance activities.

Completed 02/03 Service Plan Strategies

Goal 1	**Strategy 1:** Use information on population health needs and status in planning of patient care.	Implemented/ongoing
Goal 1	**Strategy 4:** Develop a framework for the delivery of provincial programs.	Implemented
Goal 1	**Strategy 7:** Establish health service framework to identify and communicate government expectations and standards in a number of key areas, including all health services regulated through provincial legislation.	Superseded by performance agreements
Goal 2	**Strategy 1:** Monitor and report on the health status of the population.	Implemented/ongoing
Goal 3	**Strategy 2:** Review the Medical Services Commission structure and recommend new structures as appropriate.	Moved to MOHS Plan – see MOHS Strategy 11
Goal 3	**Strategy 3:** Establish a comprehensive accountability and performance management strategy for health authorities and other providers.	Implemented
Goal 3	**Strategy 5:** Within the framework of the Canada Health Act (CHA), develop a regulatory framework to support private sector involvement in capital financing, selected areas of service delivery and in the implementation of information technology service.	Implemented
Goal 3	**Strategy 7:** Participate in multi-lateral and bi-lateral negotiations to restore full federal funding to the provinces, and identify and pursue opportunities for collaboration with other provinces and the federal government in pharmaceuticals, health human resources, home and community care and information technology.	Implemented/ongoing

Appendix B: Comparison of Performance Measures in 2002/03 – 2004/05 and 2003/04 – 2005/06 Service Plans

('-' Denotes not included in plan)

Core Business	2002/03 – 2004/05 Service Plan Performance Measures	2003/04 – 2005/06 Service Plan Performance Measures
Stewardship & Corporate Management		
Stewardship	**Goal 1 PM#3:** Long term plans for the health sector completed for the following areas *(plans are listed in the targets)*.	**MOHP – PM#1:** Mid- and long-term direction setting plans for the health sector completed.
	Goal 1 PM#1: Quality standards developed for selected services.	**MOHP – PM#2:** Access and quality standards/guidelines developed for selected services.
	Goal 1 PM#2: Access standards developed for selected services.	
	Goal 2 PM#4: Development of a new *Public Health Act*.	**MOHP – PM#3:** Development of a new *Public Health Act*.
	Goal 2 PM#3: Priority programs developed for prevention and protection.	**MOHP – PM#4:** Priority programs developed for prevention and protection.
	—	**MOHP – PM#5:** Improved governance and accountability framework developed for the health professions.
	—	**MOHP – PM#6:** Percentage of regulatory requirements reduced.
	Goal 3 PM#1: Establishment of a regulatory framework to ensure appropriate utilization of the private sector in the provision of health care.	**MOHP – PM#7:** Establishment of a regulatory framework to ensure appropriate utilization of the private sector in the provision of health care.
	Goal 1 PM#3: Long term plans for the health sector completed for the following areas *(plans are listed in the targets)*.	**MOHP – PM#8:** Development of health human resource plan, IT plan and capital plan that support achievement of the strategic priorities in the mid and long-term direction setting plans.

Stewardship continued	**Goal 2 PM#1:** Report annually on population health status or a significant health issue.	**MOHP – PM#9:** Report annually on population health status or a significant health issue.
	Goal 2 PM#2: Monitoring with respect to the provincial health officer's recommendations.	**MOHP – PM#10:** Monitoring with respect to the provincial health officer's recommendations (HIV, drinking water, Aboriginal health, air quality).
	Goal 1 PM#4: Mechanisms established to determine patient satisfaction (MOHP Plan).	**MOHP – PM#11:** Public and patient satisfaction rates.
	Goal 1 PM#9: Public satisfaction rates (MOHS Plan).	
	Goal 3 PM#2: Percentage of the population appropriately insured for prescription drug costs.	Moved to MOHS Plan: See PS-PM#20 (Services by Ministry).
	Goal 3 PM#3: Development of common methodologies for costing and monitoring.	Undertaken by federal, provincial, territorial committees (e.g., Performance Indicators Reporting Committee (PIRC))
Corporate Management	—	**MOHP – PM#12:** Percentage of employees who indicated comprehension of vision, mission, and goals of the organization, and their role in assisting to achieve these goals (Annual Employee Survey).
	—	**MOHP – PM#13:** Percentage of divisions with integrated service (business) and HR plans.
Services Delivered by Ministry (Vital Statistics Agency)		
	—	**VS – PM#1:** Vital Statistics registration turnaround times.
	—	**VS – PM#2:** Customer and client (e.g. doctors, nurses etc.) satisfaction rates (courtesy, helpfulness, promptness).
	—	**VS – PM#3:** Expanded scope of clients having direct access to Vital Statistics VISTA data warehouse.

Appendix C: Link Between Health System Goals and Core Business Objectives

Goal 1: High Quality Patient – Centered Care

Patients receive appropriate, effective, quality care at the right time in the right setting and health services are planned, managed and delivered around the needs of the patient.

03/04 Service Plan Core Business	03/04 Service Plan Objective
Stewardship & Corporate Management (Stewardship)	**Objective 1 – Direction:** Government's strategic direction is clearly defined and communicated and guides service delivery.
Stewardship & Corporate Management (Stewardship)	**Objective 2 – Support:** Supports are in place to facilitate the achievement of strategic priorities, and barriers to change have been removed.
Stewardship & Corporate Management (Stewardship)	**Objective 3 – Monitoring, Evaluation and Course Correction:** Delivered services meet public needs and are sustainable.

Goal 2: Improved Health and Wellness for British Columbians

Support British Columbians in their pursuit of better health through protection, promotion and prevention activities.

03/04 Service Plan Core Business	03/04 Service Plan Objective
Stewardship & Corporate Management (Stewardship)	**Objective 1 – Direction:** Government's strategic direction is clearly defined and communicated and guides service delivery.
Stewardship & Corporate Management (Stewardship)	**Objective 2 – Support:** Supports are in place to facilitate the achievement of strategic priorities, and barriers to change have been removed.
Stewardship & Corporate Management (Stewardship)	**Objective 3 – Monitoring, Evaluation & Course Correction:** Delivered services meet public needs and are sustainable.

Goal 3: A Sustainable, Affordable Public Health System

A planned, efficient, affordable and accountable public health system, with governors, providers and patients taking responsibility for the provision and use of these services.

03/04 Service Plan Core Business	03/04 Service Plan Objective
Stewardship & Corporate Management (Stewardship)	**Objective 3 – Monitoring, Evaluation & Course Correction:** Delivered services meet public needs and are sustainable.
Stewardship & Corporate Management (Corporate Management)	**Objective 1:** Appropriate organizational capacity to manage the health care system and efficiently deliver necessary services.
Stewardship & Corporate Management (Corporate Management)	**Objective 2:** Sound management practices in place.
Services Delivered by Ministry (Vital Statistics Agency)	**Objective 1:** Provide timely, quality service to the public within a sustainable fiscal framework.